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N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MARGIN RESERVED FOR BINDING

STANDARD CERTIFICATE OF DEATH		Arizona State Board of Health		BUREAU OF VITAL STATISTICS		STATE FILE NO. 112	
1. PLACE OF DEATH				COUNTY <u>Maricopa</u> STATE <u>ARIZONA</u>			
TOWNSHIP _____				OR VILLAGE _____			
CITY <u>Phoenix</u> NO. <u>53</u> <u>Roanoke</u>				WARD <u>6</u>			
LENGTH OF RESIDENCE (IF DEATH OCCURRED IN HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF STREET AND NUMBER)				ST. _____			
IN CITY OR TOWN WHERE DEATH OCCURRED YRS. <u>1</u> MOS. _____ DS. _____				HOW LONG IN U. S. IF OF FOREIGN BIRTH? YRS. _____ MOS. _____ DS. _____			
2. FULL NAME <u>Glendola Moore</u>				HOW LONG IN STATE WHEN DEATH OCCURRED? YRS. <u>2</u> MOS. <u>3</u> DS. <u>1</u>			
(A) RESIDENCE: NO. _____ (USUAL PLACE OF ABODE) ST. _____				WARD. NO. _____ (IF NON-RESIDENT GIVE CITY OR TOWN AND STATE)			
PERSONAL AND STATISTICAL PARTICULARS							
3. SEX <u>Female</u>		4. COLOR OR RACE <u>White</u>		5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (WRITE THE WORD) <u>Married</u>			
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF <u>Carl Moore</u> (OR) WIFE OF <u>Carl Moore</u>							
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 24 1911</u>							
7. AGE YEARS <u>18</u>		MONTHS <u>6</u>		DAYS <u>10</u>		IF LESS THAN 1 DAY, _____ HRS. _____ OR _____ MIN.	
8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. <u>At home</u>							
9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, ETC.							
10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR)				11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION			
12. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTY) <u>Id.</u>							
13. NAME <u>Harmon Gravitt</u>							
14. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTY) <u>Ark.</u>							
15. MAIDEN NAME <u>Lizzie Wilkins</u>							
16. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTY) <u>Id.</u>							
17. INFORMANT <u>Harmon Gravitt</u> (ADDRESS) <u>1234 East Main Lane</u>							
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Greenwood Cem.</u> DATE <u>Nov. 5</u> 19 <u>34</u>							
19. EMBALMER { LICENSE NO. <u>15 A</u> } FUNERAL DIRECTOR { <u>George Thorne</u> } ADDRESS <u>Phoenix Arizona</u>							
20. FILED <u>11-17-34</u> <u>Q.W. Thorne</u> REGISTRAR							
MEDICAL CERTIFICATE OF DEATH							
21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>11-3-34</u>							
22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM <u>10</u> - <u>34</u> TO <u>11-3</u> 19 <u>34</u>							
I LAST SAW HIM ALIVE ON <u>11-3</u> 19 <u>34</u> DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT <u>3</u> P. M.							
THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS: <u>Pulmonary tb.</u> DATE OF ONSET <u>1933</u>							
OTHER CONTRIBUTORY CAUSES OF IMPORTANCE: <u>14</u>							
NAME OF OPERATION _____ DATE OF _____							
WHAT TEST CONFIRMED DIAGNOSIS? <u>Phy. Exam.</u> WAS THERE AN AUTOPSY? <u>No</u>							
23. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) FILL IN ALSO THE FOLLOWING: ACCIDENT, SUICIDE, OR HOMICIDE? _____ DATE OF INJURY _____							
WHERE DID INJURY OCCUR? _____ (SPECIFY CITY OR TOWN, COUNTY AND STATE)							
SPECIFY WHETHER INJURY OCCURRED IN INDUSTRY, IN HOME, OR IN PUBLIC PLACE _____							
MANNER OF INJURY _____							
NATURE OF INJURY _____							
24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED? <u>No</u>							
IF SO, SPECIFY _____ (SIGNED) <u>George Thorne</u> M. D. (ADDRESS) <u>1035 Prof. Bldg. Phoenix Ariz.</u>							